

Registration & Field Trip Permission

PLEASE READ CAREFULLY BEFORE SIGNING.

When completing form, print legibly in ink.



Registration status is pending until confirmation is received. Depending on program demand, confirmed registrations may have to be determined via a lottery process. Campers may request to attend more than one session. Those with an end-of-session evaluation of average or higher will be allowed to repeat based on space availability. **Please note:** All camp programs are similar, so some components of each camp may be repeated.

REGISTERING FOR:

1st Choice: ☐ Camp 1 (6/23-7/03) ☐ Camp 2 (7/21-8/01) ☐ Camp 3 (8/04-8/15) ☐ Camp 4 (8/18-8/29)

***Please note: Camp 4 is for returning Camp Inspired participants only.**

Optional:

2nd Choice: ☐ Camp 1 (6/23-7/03) ☐ Camp 2 (7/21-8/01) ☐ Camp 3 (8/04-8/15) ☐ Camp 4 (8/18-8/29)

3rd Choice: ☐ Camp 1 (6/23-7/03) ☐ Camp 2 (7/21-8/01) ☐ Camp 3 (8/04-8/15) ☐ Camp 4 (8/18-8/29)

4th Choice: ☐ Camp 1 (6/23-7/03) ☐ Camp 2 (7/21-8/01) ☐ Camp 3 (8/04-8/15) ☐ Camp 4 (8/18-8/29)

Participant Name: _____ School Name: _____ Grade (as of Fall 2014): _____
First Last

Date of Birth: ____/____/____ Age (as of camp start date): _____ Gender: ☐ Male ☐ Female Ethnicity: _____

T-Shirt Size: Adult ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large Email: _____

Street Address (no P.O. Boxes): _____
Residence Street Address City State Zip

Mailing Address (if different from above): _____
Street or P.O. Box City State Zip

Participant Phone Number: (Day) () - (Evening) () - (Cell) () -

Medical and/or Behavioral Concerns: _____

List primary and secondary guardians below.

Primary Guardian Name: _____ Phone Number: () -

Secondary Guardian Name: _____ Phone Number: () -

Will your youth be able to attend every day for the entirety of your selected camp? ☐ Yes ☐ No

List emergency contacts below. Primary and secondary guardians will be contacted first in an emergency.

Emergency Contact #1: _____ Relationship to Applicant: _____ Phone Number: () -

Emergency Contact #2: _____ Relationship to Applicant: _____ Phone Number: () -

Statement of Understanding: I (or the participant who I represent) hereby acknowledge, accept and agree to abide by all rules, regulations and policies.

Acknowledgment of Risks/Medical Treatment Permission: In consideration of my participation in the activity and/or facilities provided by and through the City of Norfolk Department of Recreation, Parks & Open Space (RPOS). I, for myself or on behalf of the participant who I represent, authorize the City of Norfolk Department of Recreation, Parks & Open Space; Teens With a Purpose; and/or affiliate staff to take and provide all necessary medical attention should I, or the participant who I represent, be injured while participating or being transported to or from any RPOS-sponsored activity and/or facility. I have read the policies pertaining to cancellations, refunds, rules and regulations as they pertain to these activities and/or facilities. I acknowledge and assume the risks and responsibilities involved in these activities and/or in participating at these facilities. I assume these risks realizing the capabilities of the person(s) participating. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

By affixing signatures below, this indicates that I (and/or the participant who I represent) have read, understand and agree with the terms and conditions for participating in this program:

Applicant Signature

Guardian signature (if applicant is under age 18)

Date

Photo Permission Release Agreement: OPTIONAL. I understand that I (or the participant who I represent) may be photographed and/or videotaped while participating during this activity and/or at this facility. I agree to allow the City of Norfolk Department of Recreation, Parks & Open Space and Teens With a Purpose to use said photographs and/or videotapes in Department/Organization publications, media campaigns, educational and/or safety purposes. I further waive any remuneration for publishing and/or printing such photographs. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

Applicant Signature

Guardian signature (if applicant is under age 18)

Date



Yes!Dare2Dream Youth Program



LIGHTHOUSE OUTREACH, INC.
Guiding you to the sea of your future.

BAYLOR

UNIVERSITY



Dear Parent or Guardian:

With your permission, your teen will participate in a study conducted by a Baylor University professor to assess the effectiveness of programs focusing on teen pregnancy prevention. Your child will receive an educational program as a participant in the study, as well as complete a survey. Study results will be used to design future programs. The survey will ask your child about knowledge, attitudes and behaviors about sexually transmitted diseases and premarital sex, as well as topics specific to the curriculum being taught, and takes no more than 30 minutes to complete. These surveys have been worded and pre-tested so as to not embarrass any student; a student may stop at any time without penalty. We've developed procedures that will protect your student's privacy when the survey is conducted, such as monitoring space between students so no one can see another's answers.

In order to make the survey more meaningful to the success of the program, the information obtained from the initial survey will be matched with data collected from surveys completed six and twelve months later. In order to for your child to complete these follow-up surveys, we will need good contact information for you and for your child.

Please be assured that survey responses will be anonymous and confidential. Participants are not to put their name on the survey and surveys cannot be traced to any individual. No information will be given to anyone about any individual's answers including you as the parent or guardian. The surveys will be destroyed after the data have been entered into the survey data base at Baylor, and no identifying information will ever be stored with your child's survey answers. We want to make sure your child does not experience any embarrassment or anxiety in participating.

Please sign and date the permission slip below reporting your decision regarding your student's participation in this study, and provide us with the contact information. If you have any questions about the survey, please contact me at 254.710.3485. If you have any questions regarding your rights as a participant, or any other aspect of the research as it relates to you as a participant, please contact the Baylor University Committee for Protection of Human Subjects in Research, Dr. David W. Schluter, Ph.D., Chair Baylor IRB, Baylor University, One Bear Place #97368 Waco, TX 76798-7368. Dr. Schluter may also be reached at (254) 710-6920 or (254) 710-3708.

Sincerely,

John F. Tanner Jr. Ph.D.

Professor, Baylor University

Jeff_tanner@baylor.edu

✂-----

(Keep top portion for your records)

☐ **YES** I authorize my student to participate in the survey conducted by Baylor University. I understand that he/she will answer a survey at three points in time, and that the responses will be kept confidential.

Student's Name (please print)

Signature of Parent/Guardian Date

☐ **NO I DO NOT** authorize my student to participate in the survey conducted by Baylor University.

Student's Name (please print)

Signature of Parent/Guardian Date

DEPARTMENT OF MARKETING

One Bear Place, #98007 • WACO, TEXAS 76798-8007 • (254) 710-3523 • FAX (254) 710-1068

LIGHTHOUSE OUTREACH, INC.

2021-A Cunningham Dr. Ste. #5 Hampton, VA 23666 (t) 757-827-7787 (f) 757-827-0063

[Facebook.com//YesDare2Dream](https://www.facebook.com/YesDare2Dream)

www.yesdare2dream.org